

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00106146 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y </div>		

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M / D D / Y Y Y Y Y Y 10 / 14 / 2014 </div>	
Mailing Address 3050 K Street, NW Suite 100		Amount <div style="border: 1px solid black; padding: 2px; width: 100%;">259221.00</div>	
City Washington	State DC	Zip Code 20007	Transaction ID : 22070459
Purpose of Expenditure Radio Advertising		Category/Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y </div>
Name of Federal Candidate Bruce Braley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; width: 100%;">263830.16</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee Waterfront Strategies		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-right: 10px;"> M M / D D / Y Y Y Y Y Y 10 / 14 / 2014 </div>	
Mailing Address 3050 K Street, NW Suite 100		Amount <div style="border: 1px solid black; padding: 2px; width: 100%;">4609.16</div>	
City Washington	State DC	Zip Code 20007	Transaction ID : 22072837
Purpose of Expenditure Radio Production - Estimate		Category/Type 004	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M / D D / Y Y Y Y Y Y </div>
Name of Federal Candidate Bruce Braley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; width: 100%;">263830.16</div>	
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; width: 100%;">263830.16</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"></div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
 10 / 15 / 2014

Signature